Approved for use through 1/3 1/2008, OMB 061-0031

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless & displays a year OMB controllumber. U.S. Peterd and Trademark Office: U.S. DEPARTMENT OF COMERCE Substitute for Form PTO-875 Application or Doglar Humber Effective December 6, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR FOR HUMBER FILED SMALL ENTITY HUMBER EXTRA BASIC FEE (3) CFR 1.16(0), (b), or (c)) FEE (1) NA NIA RATE (1) SEARCH FEE NA FEE (1) 150.00 (37 CFR 1 16/14, 14, ox (m)) NA NA NIA. 300.00 **EXMINATION FEE** NA \$260 (\$1 CFR 1.16(0), (p), or (q)) NA NIA NA \$ 500 TOTAL CLAME NA \$100 (3) CFR 1.16(1) NIA \$200 INDEPENDENT CLAIMS MITHUS 20 a X\$ 25 (37 OFR 1.16(N) X\$50 OR minus 3 X100 If the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due ts \$250 (\$125 for small entity) for each (37 CFR 1.16(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= "If the difference in column 1 is less than zero, enter "o" in column 2. +360\* TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Catumn 3) CLAIMS REMAINING SMALL ENTITY OR OTHER THAN HIGHEST NUMBER 30 PRESENT ENDMENT AFTER PREVIOUSLY PAID FOR RATE (1) ADDI-EXTRA MENDMENT DI CER LAGUI RATE (1) ADDI-TIONAL FEE (I) MONAL Minus FEE (1) profes Light X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) +180= OR +360: TOTAL ADO'L FEE TOTAL OR (Column 1) ADO'L FEE (Column 2) (Column 3) CLAIMS REMAINING HIGHEST 0 NUMBER PRESENT AFTER RATE (1) PREVIOUSLY PAID FOR MENOMENT EXTRA ADDI: RATE (1) Total profit Light ADDI-TIONAL FEE (T) TIONAL Minus FEE (1) Independent the CFR LIGAT X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(5)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360z OR If the entry in column 1 is less than the entry in column 2, write "of in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For (Note of the part of the highest number found in the appropriate box in column 1.

This collection of Information is required by 97 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the including pathering, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the individual case. Any comments and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS TOTAL.